

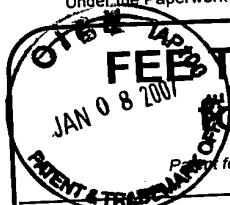
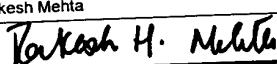
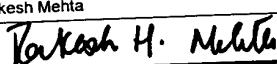
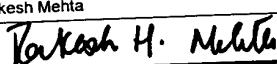
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional) 26090-034										
	In re Application of: James Johnson et al.											
	Application Number: 10/812,121	Filed: March 29, 2004										
	For: Double Slider Valve Fitment											
	Group Art Unit 3754	Examiner Stephanie E. Tyler										
<p>request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and appropriate non-small-entity fee are as follows (check time period desired):</p> <table> <tr> <td><input type="checkbox"/> One month (37 CFR 1.17(a)(1))</td> <td>\$120.00</td> </tr> <tr> <td><input type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td> <td>\$450.00</td> </tr> <tr> <td><input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td> <td>\$1020.00</td> </tr> <tr> <td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td> <td>\$1590.00</td> </tr> <tr> <td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td> <td>\$2160.00</td> </tr> </table> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ _____.</p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>501447</u>.</p> <p>I have enclosed a duplicate copy of this sheet.</p> <p>I am the <input type="checkbox"/> applicant/inventor.</p> <p><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71 'Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).</p> <p><input checked="" type="checkbox"/> attorney or agent of record.</p> <p><input type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) _____.</p> <p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p> <p>January 5, 2007</p> <p>Date</p> <p><i>Rakesh H. Mehta</i></p> <p>Signature</p> <p>Rakesh Mehta</p> <p>Typed or printed name</p> <p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.</p> <p><input type="checkbox"/> *Total of ___ forms are submitted.</p> <p>Burden Hour Statement: This form is estimated to take 0.1 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, PO Box 1450, Alexandria, VA 22313-1450</p>			<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$120.00	<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$450.00	<input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1020.00	<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1590.00	<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2160.00
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 FEE TRANSMITTAL for FY 2006		Complete if Known <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Application Number</td> <td>10/812,121</td> </tr> <tr> <td>Filing Date</td> <td>March 29, 2004</td> </tr> <tr> <td>First Named Inventor</td> <td>James Johnson</td> </tr> <tr> <td>Examiner Name</td> <td>Stephanie E. Tyler</td> </tr> <tr> <td>Group / Art Unit</td> <td>3754</td> </tr> <tr> <td>Attorney Docket No.</td> <td>26090-034</td> </tr> </table>		Application Number	10/812,121	Filing Date	March 29, 2004	First Named Inventor	James Johnson	Examiner Name	Stephanie E. Tyler	Group / Art Unit	3754	Attorney Docket No.	26090-034																						
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<p>1. BASIC FILING FEE</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">Large Entity</th> <th style="width: 50%;">Small Entity</th> <th colspan="2" style="text-align: center;">Fee Description</th> <th rowspan="2" style="width: 10%;">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr> <td>101</td> <td>1000</td> <td>201</td> <td>500</td> <td>Utility filing fee</td> </tr> <tr> <td>106</td> <td>430</td> <td>206</td> <td>215</td> <td>Design filing fee</td> </tr> <tr> <td>107</td> <td>660</td> <td>207</td> <td>330</td> <td>Plant filing fee</td> </tr> <tr> <td>108</td> <td>1400</td> <td>208</td> <td>700</td> <td>Reissue filing fee</td> </tr> <tr> <td>114</td> <td>200</td> <td>214</td> <td>100</td> <td>Provisional filing fee</td> </tr> </tbody> </table>				Large Entity	Small Entity	Fee Description		Fee Paid	Fee Code	Fee (\$)	Fee Code	Fee (\$)	101	1000	201	500	Utility filing fee	106	430	206	215	Design filing fee	107	660	207	330	Plant filing fee	108	1400	208	700	Reissue filing fee	114	200	214	100	Provisional filing fee
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<p>2. EXTRA CLAIM FEES</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">Total Claims</td> <td style="width: 10%; text-align: center;">-20</td> <td style="width: 10%; text-align: center;">=</td> <td style="width: 10%; text-align: center;">X</td> <td style="width: 10%; text-align: center;">50</td> <td style="width: 10%; text-align: center;">=</td> <td style="width: 10%;">Fee Paid</td> </tr> <tr> <td>Independent Claims</td> <td style="text-align: center;">-3</td> <td>=</td> <td>X</td> <td style="text-align: center;">200</td> <td>=</td> <td></td> </tr> <tr> <td>Multiple Dependent</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>X</td> <td style="text-align: center;">360</td> <td>=</td> <td></td> <td></td> </tr> </table>				Total Claims	-20	=	X	50	=	Fee Paid	Independent Claims	-3	=	X	200	=		Multiple Dependent	<input type="checkbox"/>	X	360	=															
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<p>*or number previously paid, if greater; For Reissues, see above</p>																																					
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Complete (if applicable)																																					
<p>SUBMITTED BY</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">Name (Print/Type)</td> <td>Rakesh Mehta</td> <td style="width: 33%;">Registration No. Attorney/Agent)</td> <td>50,224</td> <td style="width: 33%;">Telephone</td> <td>(302) 984-6089</td> </tr> <tr> <td>Signature</td> <td colspan="3">  </td> <td>Date</td> <td>January 5, 2007</td> </tr> </table>				Name (Print/Type)	Rakesh Mehta	Registration No. Attorney/Agent)	50,224	Telephone	(302) 984-6089	Signature				Date	January 5, 2007																						
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